Internal Revenue Service 2013 Department of Lacor Emproper Bendingsouth Action Security Act of 1974 (ERISA), and sections 60057(b) and 6058(a) of the Internal Revenue Code (Inter Code). This form is open to Public Inspection Part II Annual Report Idearnity Corporation a single-employer plan a multiple-employer plan (Internal Revenue Code). a one-participant plan For calendar plan year 2013 or fiscal plan year beginning of the first return/report is for: a single-employer plan an annended return/report a denting in the first return/report a one-participant plan C Check box if filing under: Form 5558 automatic extension DFVC program Double E FOODS LLC 401 K PROFIT SHARING PLAN TRUST Ib Three-digit plan number (PN) Deciding and ending a number a single-employer plan a number (employer, if for a single-employer plan) DFVC program Social extension (enter description) DFVC program act of plan number act of plan number OUBLE E FOODS LLC 401 K PROFIT SHARING PLAN TRUST Ib Employer Identification Number (EN) Descriptions and address; include room or suite number (employer, if for a single-employer plan) Discriptions and an number OUBLE E FOODS LLC 401 K PROFIT SHARING PLAN TRUST Ib Employer Identification Number (EN) Statistator's telephone number 206/708-8979 2d Ensisse and gene ensplan sponsor'	Form 5500-SF		Short Form Annual Ret	OMB Nos. 1210-0110 1210-0089						
Duspanence of take: Description: This Form is Open to Public (http://www.istendocode/models); This Form is Open to Public (http://wwww.istendocode/models); This			Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed							
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b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			•		•	5c	25			
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No X determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. 07/31/2014 SYLVIA CRUZ SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No wide 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No									
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		Signature of plan adn	ninistrator	Date	Enter name of individu	ining as plan administrator				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor				·'						

Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				
a Total plan assets	7a		0			1208551			
b Total plan liabilities	7b		0			0			
C Net plan assets (subtract line 7b from line 7a)	7c		0			1208551			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:	• (1)	2700	0						
(1) Employers	8a(1)	37008							
(2) Participants	8a(2)	219243 205116							
(3) Others (including rollovers)	8a(3)	836194			_				
b Other income (loss)	8b	836194			4007504				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	8c				1297561				
to provide benefits)	8d	7422	5						
e Certain deemed and/or corrective distributions (see instructions)	8e	1354	2						
f Administrative service providers (salaries, fees, commissions)	8f	1243	3						
g Other expenses	8g		0						
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					89010			
i Net income (loss) (subtract line 8h from line 8c)	8i					1208551			
j Transfers to (from) the plan (see instructions)	8j		0						
Part IV Plan Characteristics									
2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions									
10 During the plan year:						Amount			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
C Was the plan covered by a fidelity bond?			10c	Х		50000			
insurance service, or other organization that provides some or all	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)								
f Has the plan failed to provide any benefit when due under the plan	n?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a						4960			
h If this is an individual account plan, was there a blackout period? (If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)								
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i						
Part VI Pension Funding Compliance									
 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) 									
1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize	d in this plan year, see instruc		, and e	enter th Day	-			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forn	n 5500), and skip to line 13.							
					12b	1			

C	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A			
Part VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	Ye	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the c of the PBGC?	ontrol		Yes X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s): 1			l(s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)		1				
14a Name of trust				14b Trust's EIN			